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|---|--|----------------------|--|--|------------------------|--|---------|
| <b>AMENDMENT TRANSMITTAL LETTER</b>   |  |                      |  |  |                        | ATTORNEY'S DOCKET NO.<br>RD-28698-2        |         |
| SERIAL NO.<br>09/847,198  | FILING DATE<br>05/03/01                    | EXAMINER<br>G. Colon | RECEIVED<br>CENTRAL FAX CENTER   |  | GROUP ART UNIT<br>2879 |  |         |
| IN RE APPLICATION OF Deborah Ann Haitko et al.  |  |                      | JUN 07 2004  |  |                        |  |         |
| FOR CONTROL OF LEACHABLE MERCURY IN FLUORESCENT LAMPS   |  |                      | OFFICIAL   |  |                        |  |         |
| TO THE ASSISTANT COMMISSIONER FOR PATENTS :   |  |                      |  |  |                        |  |         |
| Transmitted herewith is an amendment in the above-identified application. The fee has been calculated as shown below.   |  |                      |  |  |                        |  |         |
| <b>CLAIMS AS AMENDED</b>  |  |                      |  |  |                        |  |         |
| (1)   | (2)<br>CLAIMS REMAINING<br>AFTER AMENDMENT | (3)                  | (4)<br>HIGHEST NUMBER<br>PREVIOUSLY PAID FOR                                   | (5)<br>NO. OF EXTRA<br>CLAIMS<br>PRESENT | (6)<br>RATE            | (7)<br>ADDITIONAL<br>FEE                   |         |
| TOTAL CLAIMS  | 16   | MINUS                | 20   | =  | 0                      | X \$18.00                                  | \$0.00  |
| INDEP. CLAIMS   | 11   | MINUS                | 10   | =  | 1                      | X \$86.00                                  | \$86.00 |
| ADDITIONAL FEE FOR USE OF MULTIPLE DEPENDENT CLAIM(S),<br>IF NOT PAID PREVIOUSLY (once per application)   |  |                      |  |  |                        | X \$290.00                                 |         |
|   |  |                      |  |  |                        | TOTAL ADDITIONAL FEE<br>FOR THIS AMENDMENT | \$86.00 |
| <p>* If the entry in column 2 is less than the entry in column 4, write "0" in column 5.</p> <p>** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.</p> <p>*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.</p> <p><input checked="" type="checkbox"/> Please charge \$86.00 to my Deposit Account No. <u>07-0868</u>.</p> <p><input checked="" type="checkbox"/> The Assistant Commissioner is hereby authorized to charge all required fees under 37 C.F.R. 1.16 or 1.17 or credit any overpayment to Deposit Account No. <u>07-0868</u>.</p> <p>Three copies of this sheet are enclosed.</p> |  |                      |  |  |                        |  |         |
| <u>June 7, 2004</u><br>date   |  |                      | <u>Toan P. Vo</u><br>Attorney or agent of record Toan P. Vo<br>Reg. No. 43,225 |  |                        |  |         |
| Telephone No. (518) 387-6648<br>or (518) 387-7122   |  |                      |  |  |                        |  |         |
| <p>I hereby certify that this correspondence is being transmitted to the United States Patent and Trademark Office facsimile number 703-872-9306, on</p> <p style="text-align: center;"><u>6/7/04</u><br/>Date of Facsimile Transmittal</p> <p style="text-align: center;"><u>Nathaniel B. Lo Buglio</u><br/>Type or Print Name</p> <p style="text-align: center;"><u>Nathaniel B. Lo Buglio</u><br/>Signature</p> <p style="text-align: right;">CRD Pat. Form 3<br/>(10/01/01)</p>   |  |                      |  |  |                        |  |         |